



COMMERCIAL MARINE PACKAGE APPLICATION

Name of Insured: BOGDAN BINDEA

Mailing Address: 1065 TILMON ROAD Web: _____

City: CHARLOTTESVILLE State: VA Zip: 22901

Applicant is a : ☐ Partnership ☐ Corporation ☒ Other SOLE PROP

Policy Period: From: ASAP To: _____

Person to contact for inspection: ANDY BOGDAN BINDEA

Phone #: 804-754-6607 Email: BOGDAN.BINDEA

Producer's Name: ASAP INSURANCE AGENCY

Mailing address: 13-33A RIVER ROAD Email: _____

City: FAIR NLAWN State: NEW JERSEY Zip: 07410

SCHEDULE OF COVERED OPERATIONS

(Policy terms state that only those operations scheduled are covered)
Check all that apply to your operations.

Operation:	Receipts (past 12 mo.)	Operation:	Receipts (past 12 mo.)
<input type="checkbox"/> Vessel repair (commercial)	\$	<input type="checkbox"/> Stevedoring	\$
<input type="checkbox"/> Boat repair (private pleasure watercraft)	\$	<input type="checkbox"/> Terminal operations	\$
<input type="checkbox"/> Vessel construction (commercial)	\$	<input type="checkbox"/> Wharfingers	\$
<input type="checkbox"/> Boat construction (private pleasure boats)	\$	<input type="checkbox"/> Bridge repair or construction	\$
<input type="checkbox"/> Boat lift installation	\$	<input type="checkbox"/> Pile driving	\$
<input type="checkbox"/> Pier, wharf, dock, seawall construction or repair (complete supplemental app)	\$	<input type="checkbox"/> Passenger Vessel operation	\$
<input type="checkbox"/> Dredging / excavation	\$	<input checked="" type="checkbox"/> Other – describe fully below	\$

Describe any and all of your non-marine operations and provide receipts from those operations.
NO NON-MARINE OPERATIONS

Describe "Other" operations from above. WHEN THEY START DELIVERING CONSTRUCTION SUPPLIES

SCHEDULE OF COVERED LOCATIONS

(Policy terms state that only those locations scheduled are covered)

1. FT LAUDERDALE FLA _____
2. _____
3. _____
4. _____
5. _____

GENERAL INFORMATION

1. Does this application include all your Operations, Locations and Vessels and affiliated and subsidiary companies? ☒ Yes ☐ No

If no, Explain: _____

2. Number of years in business 10 Years under current management 10
 3. Number of full-time employees 3 Number of part-time employees 0
 4. Present insuring company TBD
 5. What are your current premiums? TB
 6. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? ☐ Yes ☒ No
- If yes, please describe. _____

7. Has any company ever cancelled or non-renewed any insurance being applied for in this application? ☐ Yes ☒ No

If yes, give the company, date of cancellation and reason for cancellation. _____

8. Has the insured ever declared bankruptcy? ☐ Yes ☒ No
9. Do you subcontract out any work? ☐ Yes ☒ No If yes:
 - a. Type of work subcontracted out _____
 - b. Cost of subcontracted work \$ _____
 - c. Do you obtain a hold harmless / indemnity agreement from subs? ☐ Yes ☒ No
 - d. Do you obtain Certificates of Insurance with limits equal to your limits? ☐ Yes ☒ No
(Policy provisions reduce your limit of coverage if sub contractors fail to have coverage or have limits less than yours)

REQUESTED COVERAGES, LIMITS AND DEDUCTIBLES**Section I – Commercial Marine Liability Coverages**

COMBINED SINGLE LIMITS (applicable to all Section I Coverage Parts)

- | | | | | |
|---|---|---|----------------------------------|---|
| • Each Occurrence (in 000's) | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$500 | <input checked="" type="checkbox"/> \$1,000 |
| • General Aggregate (in 000's) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$600 | <input type="checkbox"/> \$1,000 | <input checked="" type="checkbox"/> \$2,000 |
| • Products/Completed Operations Aggregate (in 000's) | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 |
| • Medical Payment Limit of Insurance | <input checked="" type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | | |
| • Damage to premises rented to you Limit of Insurance | <input type="checkbox"/> \$50,000 | <input checked="" type="checkbox"/> \$100,000 | | |

COMBINED SINGLE DEDUCTIBLE \$ 5000 _____ (\$1,000 minimum)

Coverages Requested:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Marine General Liability | <input checked="" type="checkbox"/> Protection & Indemnity |
| <input type="checkbox"/> Hired/non-owned auto end. | <input type="checkbox"/> Crew coverage end. |
| <input type="checkbox"/> Employee Benefit Liability end. | <input type="checkbox"/> Cargo liability end. |
| <input type="checkbox"/> Stop Gap end. | <input type="checkbox"/> Chartered/rented vessel end. |
| <input type="checkbox"/> Ship Repairer Liability | <input type="checkbox"/> Bailee end. |
| <input type="checkbox"/> Traveling workman end. | <input type="checkbox"/> Stevedore's Liability |
| <input type="checkbox"/> Other work end. | <input type="checkbox"/> Terminal Operator's Liability |
| <input type="checkbox"/> Reconstruction/conversion end. | <input type="checkbox"/> Wharfingers' Liability |
| <input type="checkbox"/> Tankerman's Liability | <input type="checkbox"/> Demurrage coverage endorsement |
| <input checked="" type="checkbox"/> Pollution Liability | |

Section II – Hull Physical Damage Coverages

Coverages Requested:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Hull physical damage | <input type="checkbox"/> Hull Builders Risk physical damage |
|--|---|

Section III – Property Physical Damage Coverages

Coverages Requested:

- | | |
|---|--|
| <input type="checkbox"/> Piers, wharves & docks | <input type="checkbox"/> Fixed Marine property |
| <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Pollution physical damage |

Complete the supplemental applications that follow for each coverage requested. Complete only those supplemental applications for which coverage has been requested. Any additional information can be added on the last page of the application.

MARINE GENERAL LIABILITY SUPPLEMENTAL APPLICATION**Products Exposures**

1. Describe any products liability exposures.

NONE

2. Products of others sold or repackaged under applicant's label?
- ☐
- Yes
- ☒
- No

If yes, explain _____

3. Products recalled, discontinued or changed?
- ☐
- Yes
- ☒
- No

If yes, explain _____

4. Any products manufactured?
- ☐
- Yes
- ☒
- No

If yes, list and describe products _____

5. Does insured install, service or demonstrate products?
- ☐
- Yes
- ☒
- No

If yes, explain. _____

6. Any foreign products sold, distributed or used as components?
- ☐
- Yes
- ☒
- No

Hired/Non-Owned Auto Liability

1. Do you own any autos?
- ☐
- Yes
- ☐
- No

2. Do you allow use of personal cars for business use?
- ☐
- Yes
- ☐
- No

3. How frequently? _____

4. Are the same drivers/officers usually used?
- ☐
- Yes
- ☐
- No

5. Are MVR's checked annually?
- ☐
- Yes
- ☐
- No

6. Do you require proof of personal insurance?
- ☐
- Yes
- ☐
- No

7. What limits are required? _____

8. Number of employees who use their personal cars. _____

9. Number of underage drivers (<25 yrs). _____

Employee Benefits Liability

1. Limits of Insurance requested:

\$ _____ Each employee; \$ _____ Aggregate.

2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensation and Disability Benefits. List any other types of plans for which coverage is desired: _____

3. Number of people employed by you. _____

4. Retroactive Date: _____

5. Number of employees covered by Employee Benefit Plans. _____

6. Do you maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans?
- ☐
- Yes
- ☐
- No

7. On programs permitting employees an option to enroll or not to enroll, do you require a signed acceptance or rejection from each employee?
- ☐
- Yes
- ☐
- No

8. If your Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration. _____

Leased / Temporary Workers / Subcontractors

	Leased Workers		Temporary Workers		Independent/ Sub Contractors	
Do you utilize?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are indemnity agreements in place in your favor with the provider of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you named as an alternate employer on the provider's worker comp. policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain certificates of insurance from all providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide workers comp. coverage for these workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was your cost for this service over the past 12 months?	\$		\$		\$	
What minimum General Liability limits do you require from the provider?	\$		\$		\$	

* If the answer to this question is yes, attach a copy of the standard agreement / work order used.
If no agreement or work order is used, please explain.

Pollution Liability Exposures

Do any of your operations involve the hauling, storage, handling or disposal of any hazardous waste products, including petroleum waste products? ☐ Yes ☒ No

Do any of your operations involve the hauling, storage or handling of any chemical or petroleum products?
☐ Yes ☒ No

Have you ever been involved in either of the operations referred to above? ☐ Yes ☒ No

Do you have any fuel storage tanks located on any of the covered locations, including tanks no longer in use?
☐ Yes ☒ No

PROTECTION & INDEMNITY SUPPLEMENTAL APPLICATION

If you have any vessels other than those listed in the Hull Supplemental application on which you want P&I coverage, copy the Hull Supplemental application page and list those vessels. If Hull coverage is placed elsewhere on these vessels, indicate the insured hull value in the application and indicate the insurance company providing the hull coverage.

If Crew Coverage option is selected, how many crew are employed? 3

Experience of employees. 15- 20 YEARS

If Cargo Liability Coverage option is selected, describe the type and value of cargo carried:

NA

If Chartered/Rented Coverage option is selected, describe the type of vessel chartered/ rented, normal length of charter/rental period and the value of each type vessel chartered/rented:

NA

If any of the vessels carry passengers, provide:

(1) USCG certified passenger capacity NA

(2) USCG license(s) for each captain. (attach)

(3) Average number of passengers carried each trip NA

(4) Number of trips made per day, week or month NA

(5) Season of operation 12 MO

(6) Nature of operation, i.e. fishing, sightseeing, ferry etc. NO

Is food served? ☐ Yes ☒ No

Alcohol? ☐ Yes ☒ No

HULL SUPPLEMENTAL APPLICATION Schedule of Covered Vessels

Name: GRAIG MICHAEL		Type: SUPPLY VESSEL
Year Built: 1977	Length/ Beam: 110.0/26.0	GRT: 89
Material of Hull: STEEL	Type Propulsion & HP DIESEL / 396 HP X 2	Date of last Dry Docking
Hull Value: \$ 400,000		Deductible: \$ 5000
Location: FT. LAUDERDALE FL		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Navigation area of above vessel(s) _____

HULL BUILDERS RISK SUPPLEMENTAL APPLICATION

Commercial Vessels:

Describe the Type(s) and size(s) of vessels built: _____
 How many are constructed per year? _____
 What is the completed value for each type vessel? _____
 What is the hull material (i.e. steel, aluminum, fiberglass etc)? _____
 What is the average construction time for each type vessel? _____
 At which location(s) are the vessels built? _____
 Is the construction primarily inside or outside? _____
 Describe any trial trips to be made. _____
 Will there be any owner furnished material used in the construction? ☐ Yes ☐ No
 If yes, what is the total value of the owned furnished material? _____

Private Pleasure Boats:

If available, attach brochure describing boats built. If you have a web site, provide the web address: _____

Describe the models and sizes of boats built: _____
 How many are built each week, month or year? _____
 What is the completed value of each model? _____
 What is the total value of all boats built in a year? _____
 What is the hull material used? (i.e. fiberglass, aluminum, etc) _____
 Use the Fixed Property supplemental application to list the building in which construction takes place and indicate what operation takes place in each building.
 What is the total value of boats transported to customers or dealers each year? _____
 Do you participate in boat shows or other exhibitions where you place boats on display? ☐ Yes ☐ No
 If yes, at which shows do you participate? _____
 What is the maximum value of boats at a show? _____
 If you wish to cover your molds, list each mold separately with a value for each in the Mobile Equipment Supplemental application.

MOBILE EQUIPMENT & TOOLS SUPPLEMENTAL APPLICATIONIndicate valuation: ☐ 80% ACV ☐ 90% Replacement Cost (check one)

Complete the following or attach a schedule. (Note: all equipment over \$1,000 must be scheduled.)

Item description	Value	Deductible	Serial Number
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
6.	\$	\$	
7.	\$	\$	
8.	\$	\$	
9.	\$	\$	
10.	\$	\$	
Unscheduled Equipment & Tools Limit (Maximum Limit \$10,000)	\$	\$	
Maximum Limit any one Item	\$		
Rented or Leased Equipment (from Others) Limit*	\$	\$	
Maximum Limit any one Item	\$		
Rental Reimbursement Coverage Limit* (\$5,000 is provided without charge)	\$	\$	

* If requesting a higher limit, provide rental cost, description and value of rented equipment.

How much are you spending on Rental Equipment? _____

Description of what you are renting and how often. _____

**PIERS WHARVES & DOCK SUPPLEMENTAL APPLICATION
(complete attached supplemental application)****MARINE PROPERTY SUPPLEMENTAL APPLICATION**Indicate valuation: ☐ 80% ACV ☐ 90% Replacement Cost (check one)

Location No.	Bldg No.	Year Built	Occupancy
Construction	Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection class	Total Area
Subject		Limit	
Building		\$	
Contents		\$	
Deductible (minimum \$1,000)		\$	

Business income & extra expense limit	\$	Coinsurance 80%
How is this building used by the Insured?		
Building improvements		
Wiring, yr.	Heating, yr.	
Roofing, yr.	Plumbing, yr.	
# of stories		
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Location No. Construction	Bldg No.	Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built Protection class	Occupancy Total Area
Subject	Limit			
Building	\$			
Contents	\$			
Deductible (minimum \$1,000)	\$			
Business income & extra expense limit	\$ Coinsurance 80%			
How is this building used by the Insured?				
Building improvements				
Wiring, yr.	Heating, yr.			
Roofing, yr.	Plumbing, yr.			
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Location No. Construction	Bldg No.	Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built Protection class	Occupancy Total Area
Subject	Limit			
Building	\$			
Contents	\$			
Deductible (minimum \$1,000)	\$			
Business income & extra expense limit	\$ Coinsurance 80%			
How is this building used by the Insured?				
Building improvements				
Wiring, yr.	Heating, yr.			
Roofing, yr.	Plumbing, yr.			
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Location No. Construction	Bldg No.	Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built Protection class	Occupancy Total Area
Subject			Limit	
Building			\$	
Contents			\$	
Deductible (minimum \$1,000)			\$	
Business income & extra expense limit			\$ Coinsurance 80%	
How is this building used by the Insured?				
Building improvements				
Wiring, yr.			Heating, yr.	
Roofing, yr.			Plumbing, yr.	
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No			Describe:	
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No			Describe:	
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Do you generate/produce power for yourself or to sell back to the grid? ☐ Yes ☐ No

If yes, list the type (wind, solar, fuel cell, engine/generator) and size (nameplate rating in kilowatts) of the power generating equipment, or system in the case of photovoltaics.

STEVEDORES SUPPLEMENTAL APPLICATION

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Do you use any specialized equipment in your loading or discharging operations? ☐ Yes ☐ No

If yes, please describe. _____

Do you store any commodities prior to loading or after discharge? ☐ Yes ☐ No

If yes, complete the Terminal Operators supplemental application.

How many barges/vessels do you stevedore per year? _____

What type of vessels do you stevedore, i.e. barges, general cargo ships, bulk carriers, etc.? _____

TERMINAL OPERATORS SUPPLEMENTAL APPLICATION

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Commodity stored	Average length of storage	Stored inside or outside	Receipts

Describe the type of vessels loaded or discharged. _____

How many barges/vessels do you load or discharge per year? _____

Do you load or discharge any rail cars or trucks? ☐ Yes ☐ No If yes, how many? _____

Use the Fixed Property supplemental application to list and provided information on all storage buildings, tanks or silos.

Do you issue a warehouse receipt for goods in storage? ☐ Yes ☐ No If yes, attach a copy.

WHARFINGERS SUPPLEMENTAL APPLICATION

Provide the receipts from vessel storage. \$ _____

Provide the receipts from shifting or towing of vessels. \$ _____

Provide the total number of days vessels were stored during past 12 months.

_____ Barges _____ towboat/pushboats/tugs _____ other vessels

If you do any vessel repair, cleaning or servicing, complete the Ship Repairers supplemental application.

If you load or discharge any vessels, complete the Terminal Operators supplemental application.

Describe any shifting or towing operations including distances traveled. _____

If shifting or towing operations are performed, are all the towing vessels listed in the Hull and P&I supplemental applications? ☐ Yes ☐ No

Do all vessel storage locations have personnel on premises 24 hours, 7 days a week? ☐ Yes ☐ No

If no, describe security. _____

Of the total vessel days per year, what percentage is vessels loaded with cargo? _____

List any exposures (i.e. bridges, docks or terminals) down stream within one mile of each location.

SHIP REPAIRER SUPPLEMENTAL APPLICATION

Provide total repair receipts for past 12 months. \$ _____

Describe type of vessels repaired. _____

Describe type of work performed. _____

Do you do any gas freeing work? ☐ Yes ☐ No

Describe dry docking or vessel lifting system used to remove vessels from the water. _____

Do you do any conversion or reconstruction of vessels (i.e. where the size, type or nature of a vessel is changed)? ☐ Yes ☐ No If yes, what are the receipts? \$ _____Do you do any non-marine work (i.e., metal fabrication or welding not on a vessel)? ☐ Yes ☐ No

If yes, describe. _____

Do you do any work away from the scheduled locations? ☐ Yes ☐ No

If yes, describe. _____

TANKERMAN SUPPLEMENTAL APPLICATION

Provide total receipts from Tankerman operations in past 12 months. \$ _____

How many tankerman do you employ? _____

Location	Type of vessel	Commodity	# of vessels loaded/discharged in past 12 months

Mortgagees / Loss Payees / Additional Interest:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Additional information / Comments:

Five Year Loss Record – for all coverages being requested including losses from discontinued or sold operations and vessels lost. If none, state “none”.

Coverage involved	Date of Loss	Details of Accident	Gross Amount of loss before deductible	Current Status: Paid or outstanding
		NO LOSSES		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant:

Date signed: